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Bib Data Sheet

CONFIRMATION NO. 3474

<b>SERIAL NUMBER</b> 10/699,193	<b>FILING OR 371(c) DATE</b> 10/31/2003 <b>RULE MH 6-8</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> KCC 4984 (K-C 18,956)
<b>APPLICANTS</b> Davis-Dang Hoang Nhan, Appleton, WI; Mark M. Mleziva, Appleton, WI; Lawrence H. Sawyer, Neenah, WI; Peiguang Zhou, Appleton, WI; <div style="text-align: right; margin-right: 100px;"><b>MH 6-8</b></div>				
<b>** CONTINUING DATA *****</b> <div style="text-align: right; margin-right: 100px;">none MH 6-8</div>				
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: right; margin-right: 100px;">none MH 6-8</div>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/02/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> WI	<b>MH 6-8 SHEETS DRAWING</b> 13	<b>MH 6-8 TOTAL CLAIMS</b> 113	<b>MH 6-8 INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 000321				
<b>TITLE</b> Stretchable absorbent article				
<b>FILING FEE RECEIVED</b> 2746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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**APPLICANTS**

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 Mark M. Mleziva, Appleton, WI;  
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 Peiguang Zhou, Appleton, WI;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 113	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

000321

**TITLE**

Stretchable absorbent article

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